

## **Chemical Dependency Treatment Center (CDTC)**

### **Outpatient Services Only**

**Provider Type 06**

**907 KAR 15:080**

#### **Information about the program:**

- Provider must contact the [Office of Inspector General \(OIG\)](#) for survey/licensure
- Provider must obtain a "[Certificate of Need](#)"
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have a permanent physical address/location

#### **Application Information and Supporting Documentation required for processing**

- Complete the [Map-811 \(Enrollment\) application](#)
- [Map-811 Addendum E](#) and verification of bank account/routing number such as voided check or bank letter if provider chooses to enroll in direct deposit
- [Map-347](#) for each actively enrolled Chemical Dependency Treatment Center professional working in facility (Licensed Clinical Alcohol and Drug Counselor (LCADC), Licensed Professional Clinical Counselor (LPCC), Psychologist, Licensed Clinical Social Worker (LCSW), etc.)
- IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted
- CDTC license (current and reflecting requested enrollment date)
- [NPI and Taxonomy Code Verification](#)

#### **Submit the completed MAP-811 (Enrollment) application and supporting documentation to:**

KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602

#### **Other Important Addresses:**

For Licensure, contact:  
Office of Inspector General  
275 East Main Street  
Frankfort, KY 40621  
Phone: 502-564-7963

For a Certificate of Need, contact:  
Office of Health Policy  
275 E. Main St., 4W-E  
Frankfort, KY 40621  
Phone: 502-564-9592